



POLICE DEPARTMENT

**ADMINISTRATION OF
NASAL NALOXONE**

**OPERATIONAL
PROCEDURE #431**

Responsible Executive:
Chief of Police
Responsible Office:
Vice President for Public Safety
Approved by:
Dr. Branville G. Bard Jr.
Issued: 07/25/2024
Revised: N/A

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Policy Statement

In response to a surge of opioid-related overdoses and deaths, the State of Maryland has enacted expansive legislation authorizing the use of Nasal Naloxone by individuals, community providers, law enforcement personnel, and others. Nasal Naloxone can reverse the often deadly effects of an opioid overdose. As part of its commitment to saving lives and assisting persons in distress whenever possible, all Johns Hopkins Police Department (JHPD) officers will be trained in the use of Nasal Naloxone and will have access to Nasal Naloxone in order to assist persons experiencing an opioid-based overdose.

Who Is Governed by This Policy

All personnel, including sworn, nonsworn, and contractual or voluntary persons in service with the JHPD, are governed by this Directive.

Purpose

The purpose of this Directive is to establish guidelines for the proper use and administration of Nasal Naloxone to effectively treat and reduce the fatalities associated with opioid overdoses.

Definitions

Nasal Naloxone:	An opioid antagonist that can be used to counter the effects of an opiate overdose. Nasal Naloxone works by displacing opioids from the receptors in the brain that control the central nervous system and respiratory system, thus reversing the toxic effects of the overdose. Naloxone that is administered by intranasal spray is known as Nasal Naloxone.
Officer:	All sworn police officers, at any rank, as defined by MD Code, Public Safety, § 3-201, in service with the JHPD.
Opioids:	A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic analgesics that depress activity of the central nervous system, reduce pain, and induce sleep. Opioids may include but are not limited to heroin, fentanyl, morphine, oxycodone, methadone, hydrocodone, and codeine.

Core Principles

- I. **Render Aid:** It is the policy of the JHPD to aid persons suffering from opioid drug overdoses by having trained patrol officers carry and administer Nasal Naloxone.
- II. **Application:** Trained officers may administer Nasal Naloxone whenever they, based on their training and experience, reasonably believe that an individual is the victim of an opioid drug overdose.
- III. **Procedures:** Officers must use proper procedures, as further explained in this Directive, when administering Nasal Naloxone.
- IV. **Training:** The JHPD will ensure officers who will administer Nasal Naloxone are properly trained in the use and deployment of Nasal Naloxone in accordance with JHPD policy.
- V. **Symptoms:** Officers shall render medical aid, consistent with their training and experience, to individuals showing signs of drug overdose of any kind and shall notify the Johns Hopkins Public Safety (JHPS) Communications Center. Officers shall request that a medic respond to the scene or transport the individual directly to the nearest hospital emergency room.

Procedures

I. **Nasal Naloxone Background & Intended Use**

- A. Nasal Naloxone is a medication approved by the Food and Drug Administration to prevent opioid overdoses. Nasal Naloxone works by

blocking opioid receptor sites, reversing the toxic effects of the overdoses. Naloxone can be given by intranasal spray or by intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. This Directive covers the use of Nasal Naloxone only.

- B.** Nasal Naloxone is generally safe to administer to anyone, including pregnant persons, children, and the elderly. It is a scheduled drug, but it has no euphoric properties and minimal side effects.
- NOTE: If an officer is observed in sudden, unexplained medical distress, they may have suffered an unexpected exposure to opioids. Immediately consider the use of Nasal Naloxone on a colleague if this situation arises.
- C.** In rare cases, Nasal Naloxone can cause an allergic reaction or abrupt opioid withdrawal. Officers shall seek immediate medical attention if an individual exhibits signs and symptoms of:
- **An allergic reaction to Nasal Naloxone.** Signs and symptoms may include hives or swelling in the throat, face, or lips.
 - **An abrupt opioid withdrawal in a person who is physically dependent on opioids.** Signs and symptoms may include body aches, fever, sweating, sneezing, yawning, nausea, vomiting, lacrimation, cramping, insomnia, chills/hot flashes, piloerection, tachycardia, anxiety, restlessness, irritability, tremulousness, hypertension, seizures, and, in extreme cases, cardiac arrest.
- D.** If Nasal Naloxone is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no negative effect.
- E.** Nasal Naloxone is not effective on individuals who have used nonopioid drugs including cocaine, methamphetamines, alcohol, bath salts, or benzodiazepines (Xanax, Valium, etc.).
- F.** Any person, including officers of the JHPD, who administers Nasal Naloxone to an individual who is, or in good faith is believed to be, experiencing an opioid overdose has immunity from liability under Maryland law. (MD Code, Health, § 13-3108)
- G.** Pursuant to its Student Amnesty for Alcohol & Drug Emergencies policy, Johns Hopkins University (JHU) will not impose disciplinary action for a violation of student alcohol or drug possession or consumption against individual students or recognized student groups or organizations when they report to, or seek assistance from, on-duty medical staff or law enforcement for a medical emergency or condition. The procedure for initiating the amnesty protocol can be found on the JHU website: <https://studentaffairs.jhu.edu/policies-guidelines/amnesty/>.

II. Required Action: Officer Use of Nasal Naloxone

Upon successful completion of Nasal Naloxone training, officers will be issued a Nasal Naloxone kit. Each officer with Nasal Naloxone training shall:

- A. Ensure that they are equipped with a Nasal Naloxone kit during each tour of duty and that it is readily accessible.
- Inspect the Nasal Naloxone kit prior to each shift.
 - Report missing or damaged Nasal Naloxone kits, via an Administrative Report, directly to their supervisor or shift commander.
 - Nasal Naloxone will be carried in pouches on specific post keys. The medication is temperature sensitive. It cannot be left in a vehicle for extended periods of time in cold or hot weather.
- B. Upon arriving at the scene of a medical emergency prior to the arrival of emergency medical personnel, and upon encountering an individual who is unresponsive and appears to have suffered from an opioid overdose:
- Use universal precautions, including supplied gloves that are specially designed to protect against the transmission of fentanyl, heroin, cocaine, etc.
 - Notify the JHPS Communications Center that the Johns Hopkins Emergency Response Unit (HERU) or the Baltimore City Fire Department (BCFD) is needed.
 - Conduct a medical assessment of the individual to determine the level of unresponsiveness, including checking for the absence of breathing or a pulse, and taking into account statements from witnesses or family members.
 - Administer cardiopulmonary resuscitation (CPR) to any individual who is not breathing.
 - NOTE: Patients in cardiac arrest from all causes exhibit many similar symptoms as patients with opioid overdose. If no pulse is present, these patients are in cardiac arrest and require CPR. Nasal Naloxone may be administered if opioid overdose is suspected as the reason for the cardiac arrest, but high-quality CPR takes precedence over Nasal Naloxone administration.
 - Assess the individual for signs and symptoms of an opioid overdose. Visible signs of an overdose include:
 - Unconsciousness
 - Lethargy or confusion, slurred speech, intoxicated behavior

- Body is limp
 - Heartbeat is very slow or stopped
 - Pinpoint pupils
 - Absent, slow, or shallow breathing
 - Snoring or gurgling sounds with respirations
 - Weakened pulse rate
 - Blue lips or nail beds, blue or gray skin, clammy skin
 - Unresponsiveness to stimulation
 - Vomiting
 - History or suspicion of current narcotic or opioid use (e.g., fentanyl patches on skin or needle in body)
- Request a second officer and supervisor to respond.
- C.** If the individual continues to be unresponsive and an overdose is suspected, and if the officer has been trained in the use of Nasal Naloxone:
- Administer two milligrams of Nasal Naloxone to the individual by way of nasal atomizer into the nasal passage. The two milligrams should be administered into one nostril.
- D.** Observe the individual for one to two minutes. If there is no improved breathing or regained consciousness, administer a second dose of Nasal Naloxone.
- E.** Be aware that a rapid reversal of an opiate overdose may cause projectile vomiting, agitation, or combative behavior by the individual. Place the individual in a recovery position. Lay the individual slightly on their side, their body supported by a bent knee, with their face turned to the side. This will help keep the airway clear and prevent the individual from choking on their own vomit if they begin to throw up.
- F.** Notify the JHPS Communications Center that Nasal Naloxone has been administered and request the dispatcher notify HERU or BCFD that Nasal Naloxone has been administered.
- Continue to monitor the individual's condition and to render first aid until relieved by the responding Emergency Medical Services (EMS) or another medical provider. The officer shall be prepared to perform CPR using a rescue mask until EMS arrives and shall not relinquish care of the individual until relieved by a trained EMS or other medical provider.
 - The treating officer shall inform incoming HERU or BCFD personnel about the condition and treatment of the individual.

- G.** Attempt to obtain information about the incident from individuals on the scene.
- H.** Nasal Naloxone will wear off after 30 to 90 minutes. It is thus critical that when Nasal Naloxone is administered, officers ensure that the recipient is transported to the hospital.
- If the patient will not go to the hospital voluntarily, then an emergency evaluation may be initiated if there is evidence that the individual attempted suicide by ingestion of opiates or expressed suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency evaluation process in accordance with JHPD Directive #417, Emergency Medical Examination & Assistance. Officers shall follow the procedures set forth in JHPD Directive #417, Emergency Medical Examination & Assistance, if an emergency evaluation is required. Absent suicidal ideations, probable cause, or reasonable articulable suspicion that a crime has been committed, officers can just let a person leave.
 - The treating officer shall follow the individual to the hospital if the individual is still unconscious.
- I.** Contact the Maryland Poison Control Center at 1-800-222-1222 to report the details of the administration of the Nasal Naloxone within two hours of administration.
- J.** Contact the Baltimore Police Department (BPD) to handle any investigation as a result of the call for service. Per the Memorandum of Understanding (MOU) between the JHPD and BPD dated December 2, 2022, BPD will handle investigations of any drug or narcotic offenses and violations.
- K.** For all fatal overdoses:
- Notify the BPD Homicide Unit, which will have primary investigative jurisdiction pursuant to the MOU between the JHPD and BPD.
 - Follow the procedures for crime scene management, evidence preservation, and investigations described in JHPD Directive #460, Criminal Investigations, and JHPD Directive #467, Evidence Collection & Preservation.
 - Complete and submit all additional appropriate reports (Suspicious Death, Homicide, etc.)
- L.** Discard the used Nasal Naloxone tube and ampules into an appropriate trash receptacle. It is not necessary to treat them as medical or biohazard waste.

III. Notification & Reporting Requirements

- A. The treating officer will ensure that HERU or BCFD has been notified. The treating officer will also immediately notify the shift commander after administering the Nasal Naloxone.
- B. The shift commander will then notify the Commander of Field Operations, the on-call duty officer, and the Deputy Chief of Police or designee.
- C. The Deputy Chief of Police or designee will then contact the Vice President for Public Safety.
- D. If a JHU student is involved, the shift commander will also notify the Dean of Students or the on-call Student Life representative.
- E. The treating officer will complete an Incident Report prior to the end of their tour of duty. The report will be titled “Drug Violation, Overdose.” The shift commander will then review and, if complete, approve the report. The report should include the following information:
- Date, time, and location Nasal Naloxone was dispensed
 - Name and rank of officer who administered Nasal Naloxone
 - Manufacturer, lot number, expiration date, and any prescription number
 - The EMS report number and hospital, if any, to which the individual was transported
 - Explanation of efforts to revive the overdosed individual (e.g., rescue breathing, chest compressions, administered Nasal Naloxone, other)
 - Amount of Nasal Naloxone administered
 - Change in individual after administration of Nasal Naloxone (e.g., regained consciousness or failed to regain consciousness)
 - If the individual regained consciousness, what the individual’s behavioral reaction (e.g., aggressive, yelling, calm, confused) was
 - Documentation of notification to the Maryland Poison Control Center
- F. Reports will be stored in the Records Management System. For data collection purposes, the Patrol Commander or their designee will keep track of the number of Nasal Naloxone uses.
- G. The following business day, report to the Quartermaster to refill the Nasal Naloxone kit.

IV. Training

- A. Only those officers trained in the use of Nasal Naloxone are authorized to use Nasal Naloxone.
- B. Officers will receive updated training in the use of Nasal Naloxone **every two years**. Training will include the administration of Nasal Naloxone and how to identify common indicators of opiate overdoses.

V. Required Actions

- A. **Supervisors** shall:
 - When possible, respond to calls where Nasal Naloxone is being administered.
 - Ensure proper protocols are being followed and review reports documenting the use of Nasal Naloxone.
- B. **Telecommunicators** within the Communications Center shall pay special attention to all “possible overdose” calls and for mention of any opioid drug used by individuals needing medical attention.
 - Message in the computer-aided dispatch call or unit history “Nasal Naloxone used” when advised by an officer.
 - Assign backup units when requested.
 - Notify BCFD as part of the comment field in the request for a 10-38. The comment field should have a record of the unit number and “Nasal Naloxone given.”
 - The EMS request (RA) must be entered as soon as the patrol officer advises of the use of Nasal Naloxone.
 - Advise the on-duty supervisor when Nasal Naloxone is administered by an officer.
- C. The **on-duty supervisor and Watch Commander** will ensure that any deployment of Nasal Naloxone to an individual will have a corresponding police report documenting such deployment.
- D. The **Logistics Manager** will ensure an adequate, nonexpired supply of Nasal Naloxone is available for JHPD use and
 - Replace Nasal Naloxone that is damaged, unusable, expired, or deployed.
- E. The Administrative Lieutenant will replace the Nasal Naloxone prior to the expiration date and ensure that the current Naloxone nasal atomizers are placed on the designated key rings.

- F. Spare Naloxone nasal atomizers will be stored in the uniform room, which is a secured room. The Quartermaster, Administrative Lieutenant, Senior Administrative Coordinator, Commander of Field Operations, and Director of the Homewood Campus have access to this room. Nasal Naloxone must be stored in accordance with the State of Maryland’s and Department of Health’s rules and regulations.

Policy Enforcement

Enforcement	Police Department managers and supervisors are responsible for enforcing this Directive.
Reporting Violations	Suspected violations of this Directive should be reported to the Chief of Police.

Related Resources

University Policies and Documents
Operational Procedure #417, Emergency Medical Examination & Assistance Operational Procedure #460 Criminal Investigations Operational Procedure #467, Evidence Collection & Preservation Johns Hopkins University Campus Safety and Security General Orders B.14, Administration of Nasal Naloxone Johns Hopkins University, Student Amnesty for Alcohol & Drug Emergencies, https://studentaffairs.jhu.edu/policies-guidelines/amnesty/
External Documentation
Code of Maryland Regulations 10.47.08, Overdose Response Program MD Code, Health, Title 13, Subtitle 31, Overdose Response Program Memorandum of Understanding Between the Johns Hopkins Police Department and the Police Department of Baltimore City, dated December 2, 2022, Coordination of Law Enforcement Duties Substance Abuse and Mental Health Services Administration, “Opioid Overdose Reversal Medications (OORM),” https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone
Police Department Forms and Systems
https://powerdms.com/ui/login

Contacts

Subject Matter	Office Name	Telephone Number	Email/Web Address
Policy Clarification and Interpretation	Policy Management	(667)306-8618	jhpdpolicyinquiry@jh.edu